**KANSAS CITY, MISSOURI HEALTH DEPARTMENT**
Division Of Communicable Disease Prevention & Public Health Preparedness
2400 Troost Ave, Suite 2600, Kansas City, MO 64108
Telephone: (816) 513-6152 I FAX: (816) 513-6289

| | |
|---|---|
| PARTY ID | |
| CONDITION ID | |
| NETSS ID | |

## PATIENT INFORMATION

| LAST NAME | FIRST NAME | DATE OF BIRTH | AGE | SEX |
|---|---|---|---|---|
| | | | | ☐ Male ☐ Female ☐ Unknown |

| ADDRESS | CITY, STATE, ZIP CODE | COUNTY OF RESIDENCE |
|---|---|---|
| | | |

| TELEPHONE NUMBER | PREGNANT | DUE DATE | ETHNICITY |
|---|---|---|---|
| | ☐ Yes ☐ No ☐ Unknown | | ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown |

RACE (CHECK ALL THAT APPLY)
☐ American Indian ☐ Asian ☐ Black ☐ Pacific Islander ☐ White ☐ Other: ☐ Unknown

## CLINICAL INFORMATION

| DATE OF SYMPTOM ONSET | DATE OF DEATH | AUTOPSY PERFORMED | HOSPITALIZED |
|---|---|---|---|
| | | ☐ Yes ☐ No ☐ Unknown | ☐ Yes ☐ No ☐ Unknown |

| DATE OF HOSPITAL ADMISSION | HOSPITAL NAME AND LOCATION |
|---|---|
| | |

SIGNS AND SYMPTOMS
☐ Fever ≥100°F (37.8°C) ☐ Feverish/Chills ☐ Cough ☐ Sore Throat ☐ Runny Nose/Congestion ☐ Fatigue
☐ Headache ☐ Muscle/Body Aches ☐ Vomiting ☐ Diarrhea ☐ Shortness of Breath ☐ Other:

| SECONDARY BACTERIAL INFECTION | ORGANISM | SPECIMEN SOURCE | COLLECTION DATE |
|---|---|---|---|
| ☐ Yes ☐ No ☐ Unknown | | ☐ Blood ☐ Sputum ☐ Other: | |

UNDERLYING HEALTH CONDITIONS
☐ Cardiac Disease ☐ Obesity ☐ Diabetes
☐ Asthma ☐ Chronic Pulmonary Disease
☐ Immunosuppressive Condition
☐ Genetic Disorder ☐ Neurologic Disorder
☐ Other:

COMPLICATIONS DURING ILLNESS
☐ Pneumonia ☐ Bronchitis ☐ Encephalopathy/Encephalitis
☐ Croup ☐ Acute Respiratory Disease Syndrome ☐ Sepsis
☐ Reye's Syndrome ☐ Cardiomyopathy/Myocarditis
☐ Hemorrhagic Pneumonia/Pneumonitis ☐ Seizures ☐ Shock
☐ Other:

RECEIVING THERAPY PRIOR TO ILLNESS ONSET
☐ Antiviral Prophylaxis ☐ Aspirin or Aspirin-Containing Products
☐ Steroids By Mouth or Injection ☐ Chemotherapy or Radiation Therapy ☐ Other:

PLACED ON MECHANICAL VENTILATOR
☐ Yes ☐ No ☐ Unknown

## VACCINATION HISTORY

| RECEIVED CURRENT SEASON'S INFLUENZA VACCINE | TYPE OF VACCINE RECEIVED |
|---|---|
| ☐ Yes ☐ No ☐ Unknown | ☐ IIV ☐ LAIV ☐ RIV ☐ Unknown ☐ Other: |

| DATE RECEIVED: DOSE 1 | DATE RECEIVED: DOSE 2 | RECEIVED ANY PREVIOUS SEASON'S INFLUENZA VACCINE |
|---|---|---|
| | | ☐ Yes ☐ No ☐ Unknown |

## LABORATORY DATA

SPECIMEN SOURCE
☐ NP Swab ☐ Nasal Swab ☐ OP Swab ☐ BAL ☐ TA ☐ Lung Tissue ☐ Other:

| TEST METHOD | COLLECTION DATE | POS. | NEG. |
|---|---|---|---|
| ☐ Rapid Test | | ☐ | ☐ |
| ☐ RT-PCR | | ☐ | ☐ |
| ☐ Viral Culture | | ☐ | ☐ |
| ☐ IFA/DFA | | ☐ | ☐ |
| ☐ Other: | | ☐ | ☐ |

INFLUENZA TYPE/SUBTYPE
☐ A (H1N1)pdm09 ☐ A/B, Not Distinguished
☐ A (H1) (prior to 2010) ☐ B
☐ A (H3) ☐ Negative
☐ A, Subtyping Not Done ☐ Inconclusive
☐ A, Unable to Subtype ☐ Unknown

| SPECIMEN SENT TO MSPHL | DATE SENT | IF <18 YEARS OF AGE, SPECIMEN SENT TO CDC | DATE SENT |
|---|---|---|---|
| ☐ Yes ☐ No ☐ Unknown | | ☐ Yes ☐ No ☐ Unknown | |

## TREATMENT HISTORY

| RECEIVED ANTIVIRAL MEDICATION | START DATE | END DATE | TYPE OF ANTIVIRAL |
|---|---|---|---|
| ☐ Yes ☐ No ☐ Unknown | | | ☐ Oseltamivir ☐ Zanamivir ☐ Peramivir ☐ Other: |

## TRAVEL HISTORY

| RECENT TRAVEL OUTSIDE COUNTY OF RESIDENCE OR OUTSIDE MISSOURI | LOCATION | DATE OF DEPARTURE | DATE OF RETURN |
|---|---|---|---|
| ☐ Yes ☐ No ☐ Unknown | | | |

| CONTACT WITH SWINE, POULTRY OR WILD BIRDS | DESCRIBE | LOCATION | DATE |
|---|---|---|---|
| ☐ Yes ☐ No ☐ Unknown | | | |

## REPORTER INFORMATION

| REPORTER NAME | REPORTING FACILITY | REPORTER ADDRESS | |
|---|---|---|---|
| | | | |

| CITY, STATE, ZIP CODE | REPORTER EMAIL | TELEPHONE NUMBER | DATE OF REPORT |
|---|---|---|---|
| | | | |